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Reminder: Fully Complete the Problem List

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Neuroscience Associates of New York

.099 Taigee Street. Staten Island. NY 10304 • 718/448-3210 • Fax. 118/815-3579

Neurology
Stephen A. Kulox, M.D., E.A.A.N., E.A.C.P.
Steven B. Schwartzberg, M.D.
Audrey L. Halpern, M.D.
Paln Management
Cermaine N. Fowel M.D., T.A.A.P.M.R.
Glon C. Bobus D.D.

Neurological Surgery
Eawin M. Chang, M.D., P.A.C.S.
John S. Shlau, M.D., P.A.C.S.
Anthony J.G. Alamia M.D.
Emeritus
Harvoy R. Levenmai, M.D., P.A.C.S.
Neuropsychology
Reuven L. Weis, Ph.D.

May 1, 2006

Re: Jayson Royes

To Whom It May Concern:

Mr. Reyes has been followed in our pain management practice since June 2003. He suffers from chronic left lower extremity pain secondary to RSD or reflex sympathetic dystrophy, which causes him to have a permanent disability. The patient has not been seen in our office in the last few months. Previously the patient had been managed on a regimen of medications including OxyContin 20 mg, q 6h.

If you have any further questions please feel free to contact our office at 718-448-3210 extension 2287.

Sincerely yours,

Naomi Alcock, P.A.

Germaine N. Rowe, M.D.

NA/km Vulos ID: 16675441/Test ID: 13363965

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Page 1 of 1



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targee Street, Staton Island, NY 10304 • Phona: [7] 6] 448-3210 • Pax: [7] 8] 442-9085

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- Out of Hospital/specialty clinic 3.
- Off Unit (i.e. visit, recreation, library)
- Withheld (pending lab, abnormal lab, and/or vital signs) 5.
- Non-formulary and not available at time of administration Not in cassette, pharmacy notified 7.
- 8.
- Medication given to take to court or hospital specialty clinic OOS (Out of Stock) at time of administration

PATIENT'S NAME:

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- Non-formulary and not available at time of administration 6. 7.

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- 1. Refusal
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MEDICATION ORDER SHEET

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MEDICATION ORDER SHEET

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Date Referring Physician Consultation, findings and recommendations:	rnone Approved
DateReferring Physician	
TAARASI.	
<u>Request:</u>	
Other pertinent physical, psychiatric, and historical findings, including lab values and x-ray findings:	
Diagnosis, treatment and medications by C.H.S.:	
Chief complaint or findings:	
Hospital / Clinic no.	
Referred to Ward / Clinic	
FROM/ Correctional institution Inmate no.	
Patients' Name DOB	
AND MENTAL HYGIENE	
NEW YORK CITY DEPARTMENT OF HEALTH	Leave blank for hospital use

Reminder: Fully Complete the Problem List

5 6/11/2017 14,

NYC HEALTH AND HOSPITAL CORPORATION CORRECTIONAL HEALTH SERVICES

DOCTORS ORDERS LIST

Reys Jason 34906 02628 1/13/83

DATE	BY WHOM	BOOK & CASE #NYSIS #	O	
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Case 1:07-cv-06349-PAC | Document 26-5 | Filed 03/31/2008 | Page 21 of 34

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		DISCHARGE PLANNING	 	
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		PYRIDOXINE (VIT. B6) 50 MG PO. O D. X 14 DAYS		
		RIFAMPIN 600 MG P.O. O.D. X 14 DAYS		
		ETHAMBUTOL (25 MG / KG / DAY FOR THE		
		1ST MONTH, THEN 15 MG / KG / DAY THERAFTER		
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RE: 50500 Payes 3490602628

Medical Info:



Neuroscience Associates of New York

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Harvey it is suintifal M.D. F.A.C.S.
IVeuropsychology
Penn yn J. Wase, Ph.J.

March 20, 2006

Re leyson Rayes

To Whom It May Concern

Mr. Reyes has been a patient in our pale management practice since June of 2003. He is being treated medically for RSD or roller sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease issued by a disturbance in the sympathetic convous system. RSD is characterized by sympathetic across system. RSD is characterized by sympathetic of severe pain and increased sensitivity in the area of pain associated size with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the parient's pain symptoms, he has been previously created with a regimen of Orceontin, 30 milligrams, every 12 hours; Cymbalta, 60 milligrams a day, and Lidodern patches, L7 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210 met 2287

Since of yours

Naorel Alouck, P.A. Germaine N. Rowe, M.D.

NA/199 \ \rightarrow (37/5) (40)

> 2020 Jth Avenille Brooklyn NY 11200 - 718/238-0878 A Division of HEALTHCARE ASSOCIATES in Medicine PC

Section 18

Page 1 of 1

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HEALTHCARE ASSOCIATES IN Modicine, PC.

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TEMPORARY PERMIT FOR CANES/MEDICAL ITEMS

TO EMTC-DEPARTMENT OF CORRECTIONS OFFICER IN CHARGE OF HOUSING AREA—	
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Reminder: Fully Complete the Problem List

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Printed: Apr 17, 2006 01:15 pm Bellevue Hospital Center 462 First Avenue New York, NY 10016

Reyes, Jayson 3086604-2 EP?II 19S S46SA1 Age: 23Y Sex:male DOB: Jan 13, 1983 MR# 3086604

Admitted: Apr 15, 2006

Attndg Physician: Bails, Douglas, MD

Service: General Medicine

Apr 17, 2006 01:14 pm: Discharge Summary

Disch Date : Mon, 17 Apr 2006 Reason for Admission : Left foot pain Findings/Course

Pt is a 23 yo DOC prisoner with h/o reflex sympathetic dystrophy secondary to forklift vs left ankle resulting in severe sprain at Home Depot who presents with inability to walk and worsening left ankle pain ever since being arrested when his outpatient pain regimen was discontinued. He had previously been on Oxycontin SR 20 q12, Cymbalta 60 qd, Lidoderm patch, Provigil 200 mg qd. All of these meds were discontinued when pt was arrested. Pt was evaluated by Neurology in ER who recommended Percocet, Neurontin

Pt reported some improvement in his pain symptoms. Ankle film was negative. He was not able to ambulated however.

Pt stable for discharge. Should receive Oxycontin SR 10 q12 and titrate up PRN, Neurontin 300 TID, Lidoderm patch or ointment if patch not available. Would consider adding Cymbalta and or Provigil if symptoms continue. Would also recommend pt receiving a

Disch Prescriptions : Oxycontin SR 10 q12, Neurontin 300 tid,
Lidoderm patch
: transferred to RIKERS
Problem # 1 : Reflex Sympathetic Dystrophy, Lower Liml : Reflex Sympathetic Dystrophy, Lower Limbs

Electronically signed by Schwarz, Scott, MD

Apr 17, 2006

NYC 000119

Bellevue Hospitai Center Discharge Instruction Sheet

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NYC Health and Hospitals 6349 PAC in Qurentineral Pleatith Still 1869/3/31/2008 Page 32 of 34 Hospital Transfer Form

Please use ball point pen and print legibly. Referring DOC Facility: Name of referring MD ______(Please Print) Hospital Run: DEMS DOC: A3 hr. MD Phone # / // Date: _____ AM/PM Referred to: U KCHC U Elmhurst U Bellevue J Other: Patient Name: (Please Print)
Contact Urgicare if you have questions: Beeper# 917-949-1234 Phone# 718-546-4333 COMPLAINT: PMH: 11-11 Studies/Labs MEDS Tx @RI Allergies: Significant ED findings/studies: Discharge Dx: Recommended FU: Fax completed form to Urgicare Center @ time of discharge - 718-546-4382 Physician Name (print) ______ Signature: _____ Date: _____

CONTACT URGICARE IF YOU HAVE QUESTIONS / INFORMATION.
FOR BOROUGH HOUSES CONTACT REFERRING PRACTITIONER (ABOVE).

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HEALTHCARE ASSOCIATES in Medicine, PC

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